

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807166

Entity Name: PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY**FILED**
Mar 06, 2018
Secretary of State
CC0698746390**Current Principal Place of Business:**TWO NORTH SECOND STREET
HARRISBURG, PA 17101**Current Mailing Address:**TWO NORTH SECOND STREET
HARRISBURG, PA 17101**FEI Number: 23-0961349****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: GREGORY R. STINE****03/06/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SEARS, CHRISTINE
Address	TWO NORTH SECOND STREET
City-State-Zip:	HARRISBURG PA 17101

Title	COO
Name	BRANDON, ROBERT
Address	TWO NORTH SECOND STREET
City-State-Zip:	HARRISBURG PA 17101

Title	CFO
Name	ANDERSON, JACQUELYN M
Address	TWO NORTH SECOND STREET
City-State-Zip:	HARRISBURG PA 17101

Title	D
Name	ALEXANDER, WILLIAM H
Address	3733 SPRUCE STREET
City-State-Zip:	PHILADELPHIA PA 19104

Title	D
Name	FISHER, TODD R
Address	1139 GALWAY COURT
City-State-Zip:	HUMMELSTOWN PA 17036

Title	D
Name	CLARK, ALEXANDER MM
Address	160 EAST 84TH STREET
City-State-Zip:	NEW YORK NY 10028

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELYN M. ANDERSON**CHIEF FINANCIAL
OFFICER****03/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date